

Case Number:	CM14-0040485		
Date Assigned:	06/20/2014	Date of Injury:	09/04/2012
Decision Date:	07/19/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old female who sustained an injury on 09/04/12 when she tripped and fell injuring the right side of the body including the right hip, back, neck, right shoulder and left knee. Prior treatment has included chiropractic therapy. Prior medications have included Cyclobenzaprine, Naproxen and Pantoprazole. The injured worker continued to report intermittent low back pain without radiating symptoms in the lower extremities. The injured worker noted occasional tingling in the right hand that occurred at night. She felt that her neck pain had resolved. Previous electro diagnostic studies were reported as normal. It is noted that the injured worker has had a prior remote L5-S1 laminectomy in the past. The injured worker was prescribed Norco 5/325mg. The injured worker did report that Norco was helping with low back pain but did cause sedation side effects. It is also noted that the injured worker was seeing a psychologist and a psychiatrist and was utilizing Wellbutrin and Remeron. The injured worker was referred for acupuncture therapy sessions. As of 01/17/14, the injured worker reported that her neck was not contributing to any substantial issue. The injured worker was taking Vicodin 1-2 times daily with good benefit. The injured worker was also utilizing Naproxen 550mg twice daily. Physical exam noted a non-antalgic gait with intact strength. Norco was refilled at this evaluation to be taken 1-3 times daily as needed for pain. Urine drug screen reports from January of 2014 noted consistent findings for Hydrocodone. Follow up on 02/14/14 noted ongoing complaints of low back pain rating 6/10 on the visual analogue scale (VAS). The injured worker discontinued acupuncture as this was not felt to have been providing any substantial benefit. The injured worker was continuing to take Vicodin 1-2 times per day. Physical exam noted tenderness over the left sacroiliac joints. Full strength was noted on lower extremities. There was evidence of moderately severe depression on Patient Health Questionnaire (PHQ-9) assessment.

Norco was refilled at this evaluation. The requested Norco 5/325mg quantity 60 was denied by utilization review on 03/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Prescription of Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 88-89 Page(s): 88-89.

Decision rationale: In regards to the request of Norco 5/325mg #60, this medication was modified in the previous utilization report to quantity of 45 to facilitate weaning. In review of the clinical documentation, there was no specific pain reduction or functional improvement documented with the use of Norco that would have supported its ongoing use. Norco is a short acting narcotic medication that can be utilized in the treatment of moderate to severe musculoskeletal pain. Guidelines do recommend that there be ongoing assessments regarding functional improvement or pain reduction to substantiate the continued use of short acting narcotics such as Norco. As this was not clearly documented in the clinical reports available for review, this request is not medically necessary.